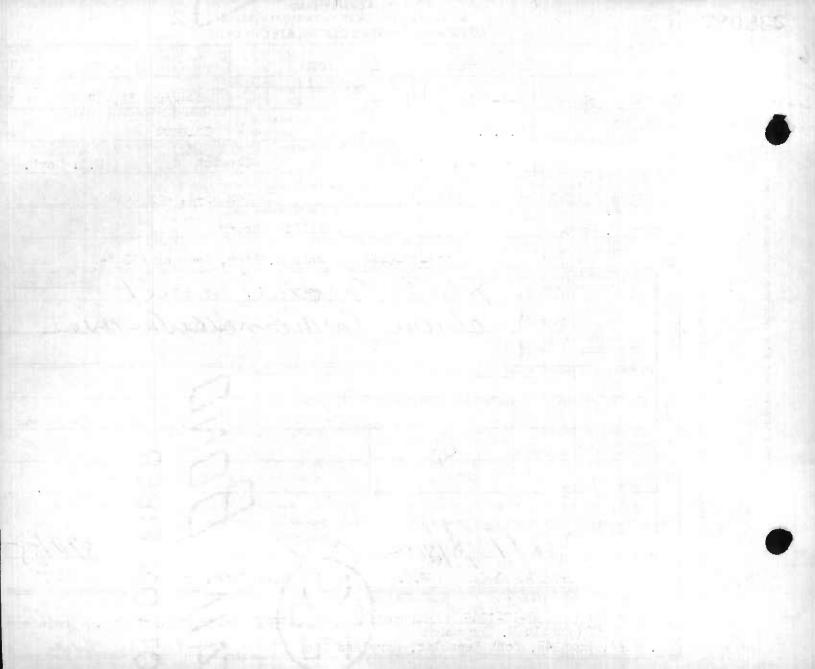
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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

1.	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	10.			1	
	CEASED NAME E OR PRINT)	Agnes		asscer	C1	ågett NCET		20 DATE OF			DAY	YEAR	3:05	. ~
3. SE	Х	-21	4. RACE		S. DATE C		YEAR	6. AGE (IN Y	EARS LAST BI	RTHDAY)	IF UNDER	PIYEAR	IF UNDER 24 H	
1	Female		White		May	0.1	1920		6.	5 YRS		UA. J	TOOKS M	-
	IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE		MARRIED -	9 BALTIMO	RE CITY O	OR COUNT	Y OF DE	ATH		
	Maryland	1	U.S.A		WIDOWE	D 0	NORCED X			County	Y			MD
10. CI	ITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION	120 USUAL C				KIND O USTRY	F BUSINESS	OR
	nce Fred			t Memoria		spital		Hous	ewife	2		yn H	ome	1
13a. S	Md.	Hab COU		GIVE RESIDENCE BEFORE 134 CITY OR TOW Upper Marlbore	N	YES X	NO 🗌	13. STREET A	Rec	/ ZIP COD	ane	/207	72	
1	ATHER'S NAME		MIDDLE	CAS1	C-a		'S MAIDEN NA	ME	MIDDLE		0-4	fre		
160 V	Lansdal WAS DECEASED EV			Sasscer,		17 INFORM	gnes		ADAR	E55 200				_
	NO OR UNKNOWN		VE WAR OR DATES	The SOCIAL SCCO			C.B. Cla	gett,I	II.M	5x 362 arlbon	o, Up	pper	0772	
	18 CAUSE OF DE	EATH (Enter of	nly one cause per	line far (a), (b), and									MATE INTERVAL	ТН
	PART I. DEAT	H WAS CAUSE IMMEDIA	TE CAUSE (o)	ARNO	BULK	10NARY	ARRE	37						
	Canditions, if a gave rise to cause Iai, st underlying co	immediate tating the ause last	(b) DUE TO, O	R AS A CONSEQUE	ENCEOF		AC DES			DITION	V551 (515	ADT 1		
Z	- Content	Chi	NA AS	TOMA	ZEATH BOT	11/1	1 FARI	4F	L OK COI	VIIION G	IA E IA II A L	ART III		
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTO	PSY?	IN CERT			OF DEATH?	_
MEDICAL CER	21a ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)	CAUSE OF DE	R) P.	M. MONTH DA M.	YEAR	1	NJURY OCCURI	RED (ENTERNA	TURE OF INJU	JRY IN ITEM 18	PART I OR	PAR1 2)		
MED	WHILE NO	TURRED	21e SCACE	OF INJURY REET FACTORY OFFICE F.	ARM ETC )	211. LOCAT	ION : T		CITY OR TO	OWN	COL	YIM	STATE	
		eased alive of	attended the	14 19			) (aur) opinion	deoth accurred	d an the d	157 15 late and ho	19 <u>0</u>	om the	that (II (we)) causes stated	ast
	226 SIGNATURE	_/	1/12	eige -			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA		220	DATE	5-25	
	John We	/.		//		Princ	ss ce Frede	erick,	MD 2	0678				
23a B	BURIAL, CREMATIC (SPECIFY) Crema		23b. DATE 8/16/				crematory	23d LOCA Suit	OR TOWN	(Pr.Ge	count eo's	M	d. STATE	
24 FL	UNERAL DIRECTOR	. Cole		1 HOWARDER UT		Marlbor		G 22 1			Savido	A M	indese	

DHMH - 16 60M 7/B4 (VRA 15, 4)

1-	STATE				MENT OF		AND MI	ENTAL H			2	6 1	J	
I. DÉ	CEASED NAME	FIRST		WIDDFE			LAST			20. DATE	KNOWN		DAY YEAR	2b. HOUR
(TYP	E OR PRINT)		Mart	ha	Ma	ayo	DARR			DEATH	MATED	-Aug.	11 19 85	12:30
3. SEX		. RACE	5 DATE OF BIRTH	YEAR							E	HINOM	DAY YEAR	2d AOUR
Fer	nale	White			71	· Mortin	DATS	HOURS	MIN.	DEA	Augus	t 11,	1985,	10:00
70 BI	RTHPLACE (STA	TE OR	76. CITIZEN OF WH	IAT COUN	TRY?	B. MARRII	ED NE	VER MARRII	ED 🗆	9. BALTIA	AORE CIT	Y OR COUN	TY OF DEATH	
444	'		U.S.A.			WIDOW	ED 🗆	DIVORCE		-				MD.
1		F DEATH	(IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)	, OR OTH	ER INSTITU	TION	FORA	NOST OF WO	JPATION (	TYPE OF WORK	OR INDUST	RY
11			Box 85-1	A, Jo	y Road			=30.0	Che	Chemist			U.S. Go	vt.
							13d. INSIDE CI	TY LIMITS?					1111	5
		Calve	ert	Lus	by					1, Jo	y Road	1 200	0/	
34. FA	ATHER'S NAME FIRST		MIDDLE		LAST		F	RST			MIDDLE		LAST	
Edi	ward H.	Mayo							hove	r	4000			
(14	VAS DECEASED E5, NO, OR UNKNOV	VN) (IF YES, GIVE	MED FORCES? WAR OR DATES)			100								
No						46	Joh	n H.	varr	, Sar	ne as	#13 1		
NO	PART 2 OTHER SIG	NIFICANT CONDITIONS	(c)	BUT NOT REL	ATED TO THE TERM	INAL DISEASE	OR CONDITION	N GIVEN IN PAI	RT 1 (a).	3				
FICATI	19a. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W.	AS PERFOR	MED?						NO []
	UNDERLYING	OR	HOUR A.M	MONTH	DAY YEAR		OW INJURY	OCCURRE	D (ENTER!	VATURE OF IR	VJURY IN ITEM	A 18 PART I OR F		NOL
MEDI	21d. INJURY O WHILE AT WORK	CCURRED NOT WHILE AT WORK							55	CHY OR TO	OWN	c	OUNTY	STATE
A	death resulte			Accident			Hamie	ide 🔘	Undet	ermined m	nanner [	],	apinian	150
1	SIGNATURE_	CWA	111111111111111111111111111111111111111							CALEXA	MINER	SIGN	VED D	77
1	EXAMINER'S I	NAME Emad	R. Al-Bai	nna,	M.D.		ADDRESS_	Princ				sign Maryl	01 1	78
73a B	EXAMINER'S N (TYPE OR PRIN	NAME Emad			M.D.		ADDRESS_		e Fr			Maryl	and 206	78
(:	EXAMINER'S IN (TYPE OR PRIN URIAL, CREMAT OPECIFY) Cremati	ion, removal (	8-12-198F	23t.	NAME OF CE/	METERY O	R CREMATO	ORY	e Fr	eder:	ick,	Maryl	and 206	78
24. F	EXAMINER'S IN (TYPE OR PRIN URIAL, CREMAT SPECIFY) Cremati UNERAL DIRECT NAME	ion, removal z	23b DATE	23c M gward	name of CE/ etropo	METERY O	R CREMATO	mat or	23d LC CHY AL	eder.	ick,	Maryl	and 206	78
	I. DEC (TYP)  3. SEX Fer 70 Bi Fo 0 CI Lus 0 SUA 130 S Mai 14. FA	Female  70 BIRTHPLACE (SIA) FOREIGN COUNTRY) Indiana 10 CITY OR TOWN OF LUSBY  USUAL RESIDENCE (II) 30 STATE  Maryland  14. FATHER'S NAME FIRST  Edward H. 160. WAS DECEASED (YES, NO, OR UNKNOW) NO  18. CAUSE OF PART I DEA  Conditions gave rise couse (a): lying caus  PART 2 OTHER SIG  VOLUMBERLYING CONTRIBUTIN 210. INJURY O WHILE AT WORK	- STATE REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX 4. RACE Female White 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana 10. CITY OR TOWN OF DEATH Lusby USUAL RESIDENCE (# IN NURSING HOME 130 STATE Maryland Calv 131. FATHER'S NAME FIRST Edward H. Mayo 160. WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate couse (a) stating the under- lying cause last.  PART 2 OTHER SIGNIFICANT (ONOITIONS  190. DATE OF OPERATION  191. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210. INJURY OCCURRED WHILE AT WORK 220. Leertify that I took charge	REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  4. RACE  White  4-4-1914  7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Indiana  10. CITY OR TOWN OF DEATH  Lusby  U.S.A.  11. NAME OF HOS BY HOS IN SUCH FAR BOX 85-1  13a. STATE  (FIND IN NURSING HOME OR OTHER INSTITUTION, GR. 13b. COUNTY)  Maryland  Calvert  14. FATHER'S NAME FIRST  MIDLE  Edward H. Mayo  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNIKNOWN)  18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if ony, which gave rise to immediate couse (a) stating the underlying couse last.  (c)  PART 7 OTHER SIGNIFICANT (ONOITIONS (ONTRIBUTING TO DEATH  19a. DATE OF OPERATION  19b. CONDITIONS  21a. EXTERNAL CAUSE WAS UNDERLYING OR HOUR AM CONTRIBUTING CAUSE OF DEATH AT WORK AT WORK  21a. INJURY OCCURRED  WHILE AT WORK AT WORK  22a. Leertify that Lloak charge of the remains des	REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  AMATTHA  3. SEX  4. RACE  White  4-4-1914  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Indiana  10. CITY OR TOWN OF DEATH  Lusby  U.S.A.  11. NAME OF HOSPITAL, NU (# NOT IN SUCH FACILITY, GIVE S BOX 85-A, JO)  OSUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE FIRST  MATTHER'S NAME FIRST  MIDDLE  Edward H. Mayo  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNIKNOWN)  NO  NO  18. CAUSE OF DEATH (Enter only one couse per limitor (a), (b) PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OUE TO, OR AS A CON OUT (C)  OUE TO, OR AS A CON OUT (C)  Indiana  196. DATE OF OPERATION  196. DATE OF OPERATION  196. DATE OF INJURY HOUR A.M. MONTH P.M.  216. INJURY OCCURRED  WHILE ON WHILE ON WHILE SIREET, FACTORY, FARM, E.  170. CERTIFY that I toak charge of the remains described obox  210. Lectify that I toak charge of the remains described obox	TO STATE REGISTRAR  I. DÉCEASED NAME (TYPE OR PRINT)  MATCHA  3. SEX  4. RACE  5. DATE OF BIRTH MONTH DAY FEMALE  White  4-4-1914  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Indiana  10. CITY OR TOWN OF DEATH  Lusby  OSUAL RESIDENCE (# IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING IS STATE 136. COUNTY  MARYLAND  Calvert  MIDDLE  Lusby  MATCHA  10. CITY OR TOWN OF DEATH  Lusby  MAYO  11. NAME OF HOSPITAL, NURSING HOME (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BOX 85-A, JOY ROAD  OSUAL RESIDENCE (# IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING IS STATE 136. COUNTY  MARYLAND  Calvert  Lusby  MIDDLE  LAST  Edward H. Mayo  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN)  NO  18. CAUSE OF DEATH (Enter only one cause per limptor (Q), (b), and (c)) PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (Q)  Conditions, if ony, which gave rise to immediate couse (o) storing the under- lying cause last.  PART 7 OTHER SIGNIFICANT (ONOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  196. DATE OF OPERATION  196. CONTRIBUTING CAUSE OF DEATH P.M. 19  216. EXTERNAL CAUSE WAS UNDERLYING OR ON WHILE AT WORK AT WORK  226. Lecrify that 1 took charge of the remains described obove, held an	TO DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C  I. DECEASED NAME (1796 OR PRINT)  MAYO  3. SEX  4. RACE  White  4. AGE  S. DATE OF BIRTH DAY  YEAR  71 YES.  76 DIRTHPLACE (STATE OR FOREIGN COUNTRY)  TO DIRTHPLACE (STATE OR FOREIGN COUNTRY)  III. NAME OF HOSPITAL, NURSING HOME, OR OTHE III. NAME OF HOSPITAL, NURSING HOME, III. NAME OF HOSPITAL, NURSING HOME, III. NAME OF HOSPITAL, NURSING HOME, III. NAME OF HOSPITAL III. NAME O	FOR   STATE   REGISTRAR   PRIST   MEDICAL EXAMINER'S CERTIFICATION   MARCHAD   MARCH	Total   Tota	FOR   DEPARTMENT OF HEALTH AND MENTAL HYGIEN   MEDICAL EXAMINER'S CERTIFICATE OF DEA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  I. DECEASED NAME I. (PRE OF MENT)  J. SEX  4. RACE White  4. HACE S. DATE OF BIRTH ACHIN MONIN  4. HACE White  4. HACE S. DATE OF BIRTH ACHIN MONIN  5. LAST BERNHOATI JOHN MONIN  7. CITIZEN OF WHAT COUNTRY?  WARRIED  MONCED  10. CITY OR TOWN  11. LAND BERNHOATI JOHN JOHN MONIN  10. CITY OR TOWN  MARYLA  10. LINESON  BOX 85-A, JOY ROAD  10. LINESON  BOX 85-A, JOY ROAD  10. LINESON  MARYLA  10. LINESON  BOX 85-A, JOY ROAD  10. LINESON  MARYLA  10. LINESON  BOX 85-A, JOY ROAD  10. LINESON  MARYLA  10. LINESON  MARYLA  10. LINESON  BOX 85-A, JOY ROAD  10. LINESON  MARYLA  10. LINESON  MARYLA  10. LINESON  BOX 85-A, JOY ROAD  10. LINESON  MARYLA  MARYLA  DIAL LINESON  MARYLA  10. LINESON  BOX 85-A, JOY ROAD  10. LINESON  MARYLA  MARYLA  DIAL LINESON  MARYLA  MARYLA  DIAL LINESON  I. LASS BORTHAR ARRIED  I. LAUSE OF DEATH MARYLA  MARYLA  MARYLA  ANDEL  LUSBY  MARRIED  I. LAUSE OF DEATH MARYLA  LUSBY  MARRIED  I. LAUSE OF DEATH MARYLA  MARYLA  MARYLA  ANDEL  LUSBY  II. LAUSE OF DEATH MARYLA  LUSBY  III. CAUSE OF DEATH MARYLA  MARYLA  LUSBY  III. CAUSE OF DEATH MARYLA  MARYLA  LUSBY  III. CAUSE OF DEATH MARYLA  LUSBY  III. CAUSE OF DEATH MARYLA  MARYLA  LUSBY  III. CAUSE OF DEATH MARYLA  MARYLA  MARRIED  III. LAUSE OF DEATH MARYLA  MARRIED  MARRIED  III. LAUSE OF DEATH MARYLA  MARRIED  MARRIED  MARRIED  MARRIED  MARRI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  DECEASED MAME (IVER OR PRENT)  MAYO DARR  3 SEX  4. RACE  3. DATE OF BETTH MATCH  White  4-4-1914  4-4-1914  71 PET BETTHER OF BETTH FORGER COUNTRY  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17 NOW STREET  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17 NOW STREET  18 STATE 18 COUNTY  MATCH  MODIL  LUSDY  MATCH  MODIL  LUSDY  MARKIED  18 STATE 18 LOCUNITY  MATCH MODIL  LUSDY  MATCH  MODIL  LUSDY  MATCH  MODIL  LUSDY  MATCH  MODIL  LUSDY  MATCH MODIL  LUSDY  MATCH MODIL  LUSDY  MATCH MODIL  LUSDY  MODIL  MODI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.  DEFENDANCE I'ME OF PARK!  MAYO DARR  DEATH MARED DAY  TO DATH MARED DAY  PERMALE  STATE MOCHIL DAY  THE MARKED DAY	DEPARTMENT OF HEALTH AND MENTAL BYGIENE  STATE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG NO.  I.DECEASED NAME  I.DECEASED



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Burtel Aue. 22-25 - Lead's Chr. Com. Ut. Loungra Clivert Hill

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE

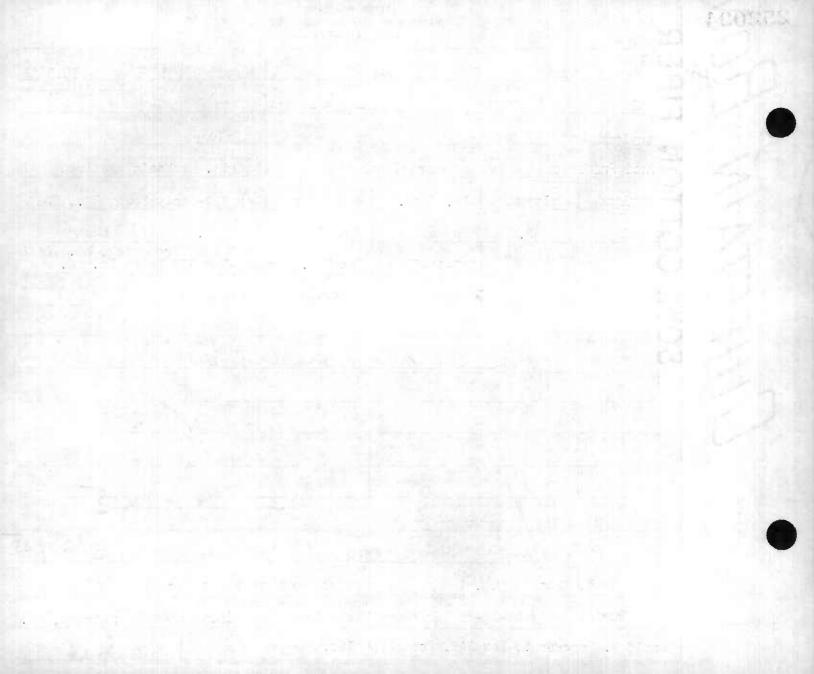
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OSCAT C HAMMETT August 27. 1985  J. SEX OSCAT C HAMMETT AUGUST 27. 1985  J. SEX OSCAT C HAMMETT AUGUST 27. 1985  J. SEX OSCAT C HAMMETT AUGUST 27. 1985  MALE OF BERH D. ACCEPTANCE OF THE PROPERTY OF THE PRO		1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.			
OSCAR C HAMMETT AUGUST 27, 1938 10:34A M  Male	,			FIRST		MIDDLE	ı	ASI		DAY YEAR	2b. HOL	JR
Second   S				Oscar		C	HAN	MMLTT	August 27, 19	85	10:3	34A M
Mary Land  White  A CHIZEN OF WHAT COUNTRY?  ARRED ON EVER MARRED ON DOORSED  DOORSED  MARY LAND  USA  WOOWNED ON DOORSED  DOORSED  DOORSED  DOORSED  DOORSED  DOORSED  LIS SHEET OR TOWN OF BEATH  III. MAKE OF HOSPITLA, NURSING HOME OR OTHER INSTITUTION  III. CHIZEN OF WHAT COUNTRY  Prince Frederick  Calvert Memorial Hospital  Refrig, Mechanic  Refrig,		3. SE)	X	1	RACE					IF UNDER 1 YEAR		
Maryland   USA   MARKED   NEVER MARKED   DWORKED   DWO	4	10			White	е			71 YR			
Maryland  IE CITY OR TOWN OF DEATH  Prince Frederick  II. NAME OF ROSPITAL NURSING HOME OR OTHER INSTITUTION  Prince Frederick  Cal vert Memorial Hospital  III. NAME OF ROSPITAL NURSING HOME OR OTHER INSTITUTION  Prince Frederick  Cal vert Memorial Hospital  III. NAME OF ROSPITAL NURSING HOME OR OTHER INSTITUTION  Prince Frederick  Cal vert Memorial Hospital  III. NAME OF ROSPITAL NURSING HOME OR OTHER INSTITUTION  Refrige of wood rod wood and the statistic of	Ĺ	Ja BII	RTHPLACE (STATE ORF	OREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH		
Prince Frederick  Calvert Memorial Hospital  Refrig. Mechanic Retired  USUAL RESIDENCE (PRUSSES ON CONTROL CON	1	1	Maryland									
USUAL RESIDENCE   PRIMARY CONCERNING COLOR RESIDENCE SERVICE SERVICE AND SERVICE SERVICE AND SERVICE SERVICE AND SERVICE SERVICE AND SERVICE AND SERVICE SERVICE AND SERVICE	5	-			(IF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)		TYPE OF WORK FOR MOST OF WORKIN	GLIFE) INDUSTRY	)F BUSINE	ESS OR
SATE   Maryland   Calvert   Pr. Fred   Pr.								ospital	Refrig. Mechan	nic Reti	.red	
Samuel B. Hammett Mattie L. Lusby  166 WAS DECEASED EVER IN U.S. ARMED PORCES?  167 WAS DECEASED EVER IN U.S. ARMED PORCES?  168 WAS DECEASED EVER IN U.S. ARMED PORCES?  169 WAS DECEASED EVER IN U.S. ARMED PORCES?  160 WAS DECEASED EVER IN U.S. ARMED PORCES?  160 WAS DECEASED EVER IN U.S. ARMED PORCES?  161 WAS DECEASED EVER IN U.S. ARMED PORCES?  162 WAS DECEASED EVER IN U.S. ARMED PORCES?  163 WAS DECEASED EVER IN U.S. ARMED PORCES?  164 WAS DECEASED EVER IN U.S. ARMED PORCES?  165 WAS DECEASED EVER IN U.S. ARMED PORCES?  166 WAS DECEASED EVER IN U.S. ARMED PORCES?  167 WAS DECEASED EVER IN U.S. ARMED PORCES?  168 WAS DECEASED EVER IN U.S. ARMED PORCES.  169 WAS DECEASED EVER IN U.S. ARMED PORCES.  160 WAS DECEASED EVER IN U.S. ARMED PORCES.  160 WAS DECEASED EVER IN U.S. ARMED PORCES.  161 WAS DECEASED BY.  162 WAS DECEASED EVER IN U.S. ARMED PORCES.  163 WAS DECEASED BY.  164 WAS DECEASED BY.  165 WAS DECEASED PORCES.  166 WAS DECEASED BY.  166 WAS DECEASED PORCES.  167 WAS DECEASED BY.  168 WAS DECEASED PORCES.  169 WAS DECEASED PORCES.  160 WAS DECEASED PORCES.  161 WAS DECEASED PORCES.  161 WAS DECEASED PORCES.  162 WAS DECEASED PORCES.  163 WAS DECEASED PORCES.		13a. S	STATE	13b. COUN	TY	13c. CITY OR 1	NWO					
Samuel B. Hammett Mattie L. Lusby  No Matter L	-			Calt	<i>l</i> ert	Pr. F	red.			Point Ro	., 2	0678
No   If Yes one was ordered   18 SOCIAL SECURITY NO   213-14-5350   Hazel R. Hammett-Box 121 Sandy Pt. Rd.   20678   No   213-14-5350   Hazel R. Hammett-Box 121 Sandy Pt. Rd.   20678	7		FIRST	N		LAST		FIRST	MIDDLE	T LA	51	
INSTANCE OF DEATH LETTER ONLY WAS CAUSED STATES ONE WAS CAUSED BY:   PART I. DEATH WAS CAUSED BY:   PART I. DEATH WAS CAUSED BY:   CARDIO PULMO NARY AREST   MANUELATE CAUSE 10     COnditions, if ony, which gove rise to immediate course 101. ISION with the course of 101. ISI				INTERIOR AND								
18 CAUSE OF DEATH   Enter only one cause per line for 10   10   15   16   16   17   18   18   19   19   19   19   19   19			YES, NO OR UNKNOWN						Prince Fred	lerick, M	id. 2	0678
PART L DEATH WAS CAUSED BY:    MAKEDIATE CAUSE (a)   CARDIO P D L MONARY   ARREST   Few								nazer k. nam	mierr-box 121 28			20144
DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTIONS, if any, which gove rise to immediate course in part to immediate course in part to immediate course to immediate course in part to i			PART I. DE ATH W.	AS CAUSED	BY:			MANARY	ARREST	BETWEEN	ONSET AND	DEATH
Conditions, if only, which gove rise to immediate course its immediate course in part in item its part inter its immediate course in part inter its immediat				IMMEDIATE	CAUSE (o)	CAN	DIOTO	Telliol of the 7	PICKON			Miles .
DUE TO OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BETHER NOTIFY MEDICAL EXAMINES)  216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BETHER NOTIFY MEDICAL EXAMINES)  216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BETHER NOTIFY MEDICAL EXAMINES)  216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BETHER NOTIFY MEDICAL EXAMINES)  216. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BETHER NOTIFY MEDICAL EXAMINES)  217 HOUR A.M. MONTH DAY YEAR P.M. 19  218. INTO INDIRE OF DEATH (BETHER NOTIFY HOUR A.M. MONTH DAY YEAR AT 1 (D) A MILE OF INJURY (COUNTY OF IDMN)  218. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BETHER NOTIFY HOUR A.M. MONTH DAY YEAR P.M. 19  218. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BETHER NOTIFY HOUR A.M. MONTH DAY YEAR P.M. 19  218. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BETHER NOTIFY HOUR A.M. MONTH DAY YEAR P.M. 19  218. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BETHER NOTIFY HOUR A.M. MONTH DAY YEAR P.M. 19  218. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BETHER NOTIFY HOUR A.M. MONTH DAY YEAR P.M. 19  219. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BETHER NOTIFY HOUR A.M. MONTH DAY YEAR P.M. 19  210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BETHER NOTIFY HOUR A.M. MONTH DAY YEAR P.M. 19  210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BUT OF THE COUNTY HOUR A.M. MONTH DAY YEAR P.M. 19  210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BUT OF THE COUNTY HOUR A.M. MONTH DAY YEAR P.M. 19  210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (BUT OF THE COUNTY HOUR A.M. MONTH DAY YEAR P.M. 19  210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH P.M. 19  210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH P.M. 19  210. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH P.M. 19  210. ACCIDENT WAS UNDER			C I'm of		DUE TO, O			ACUTE (	MYOCAKDIA	nu	mul	3
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 2100. AUTOPSY? 140 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			gove rise to imm	nediote	16)	-		7,0010 1				
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO    196 DATE OF OPERATION		13		9	DUE TO, O			U ARTE			ye	Arms
19a Date of Operation   19b Condition for which operation was performed   20a autopsy2   22d if yes, were findings used in certifying causes of death?   Yes   No     Yes   No   Yes   No     Yes   No   Yes			PART 2 OTHER SIGN	HEICANT CO	ONDITIONS CO						- 0	
OR CONTRIBUTING CAUSE OF DEATH  (If EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)  220 I certify that (I) (this hospital) attended the deceased from SIREET  Saw the deceased alive on obove, (I) (we) (did) (did not) view the body after death.  226 PHYSICIAN'S NAME (IYPE OF PRINT)  Anwar T. Munshi, M.D.  226 ADDRESS  Anwar T. Munshi, M.D.  230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  231. NAME OF CEMETERY OR CREMATORY  ASSUMPTION OF The derick Calvert, Md.  24 FUNERAL DIRECTOR  240. DATE SIGNATURE  250. DATE REGISTRAR SIGNATURE  250. DATE REGISTRAR SIGNATURE  260. DATE REGISTRAR SIGNATURE  270. DATE REGISTRAR SIGNATURE  270. DATE REGISTRAR SIGNATURE  270. DATE REGISTRAR SIGNATURE  271. LOCATION SIREET  CITY OF TOMAN  CITY OF TOMAN  TO MUNSHI  COUNTY  STATE  CITY OF TOMAN  TO MUSH DATE  ATTENDING PHYSICIAN  DIRECTOR PHYSICIAN  272. DATE SIGNED  272. DATE SIGNED  273. NAME OF CEMETERY OR CREMATORY Prince Frederick Calvert, Md.  274. FUNERAL DIRECTOR  275. DATE REGISTRAR SIGNATURE		NO					L-Ve - 1					
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220 I certify that (I) (this hospital) attended the deceased from		AEDI					ICE FARM ETC )		CITY OF TENANS	COUNTY		STATE
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ATTENDING PHYSICIAN STAFF  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  Anwar T. Munshi, M.D.  Prince Frederick, Maryland 20678  230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 08–30–85 Asbury Methodist Prince Frederick Calvert, Md.  24 FUNERAL DIRECTOR  20676 250. Pafe REC'D. BY REGISTRAR'S SIGNATURE			obove, (I) (we) (d	id olive on_ lid) (did not	view the body	after death.	9, or	nd that in (my) (our) opinion	death occurred on the state and	hour and from the	couses sto	sted
PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR			22b. SIGNATURE		,		0.00		MANGAL STAFF	22c. DATE	SIGNED	15
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(SPECIFY) Burial 08-30-85 Asbury Methodist Prince Frederick Calvert, Md.								<u> </u>		206/8		
24 FUNERAL DIRECTOR 20676 250-DATE REC'D-BY REGISTRAR'S SIGNATURE									CITY OR TOWN	COUNTY	5	TATE
D. JAME II. D. J./DADEDS-14 D. J./DADES-14 D. J./DADE		24 F1			00-30	-05	ASDUI'Y					Md.
				rewar	dt. Box	34B ADD	Port Ren	public Money	. # 774	to the late of the		

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene priar to b (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

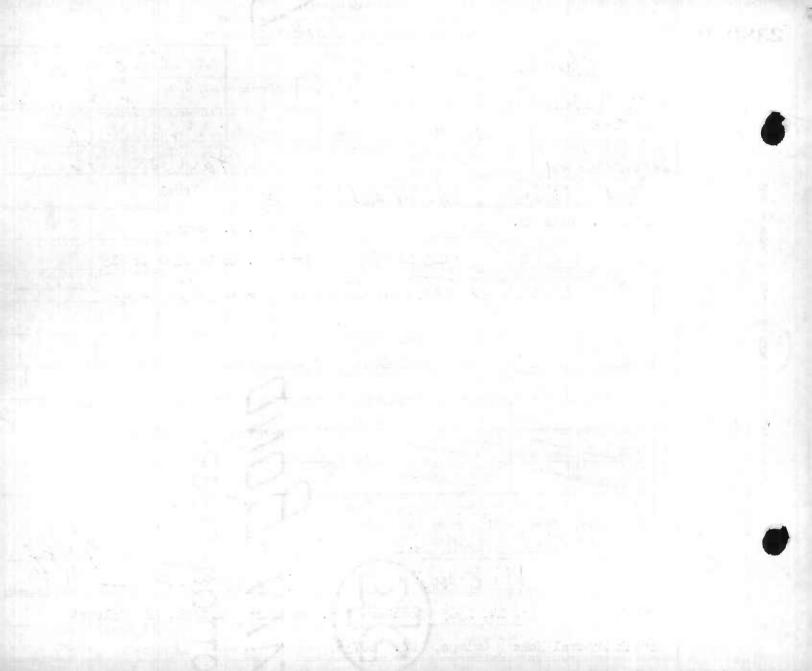
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STATE OF MARTLAND

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		L	FOR			DEPARTMENT		MARYLAND I AND MENT	ALHYGIENE	2 2 8	1/		
23	8010		STATE REGISTRAR			DICAL EXA					NO		
0 h	S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. MITHIN 72 HOURS W PRESTON STREET,	1. DE (TY)	CEASED NAME	U	DATE OF BIRTH MONTH DAY		12	HOUR	NDER 24 HRS. 2	O DATE KNOWN OF ESTI- DEATH MATED  C DATE RONOUNCED DEAD	MONTH AND A	12 1985 DAY YEAR 2 1985	26. HOUR  M 26. HOUR  26. HOUR
FO	ZEOES!	10.5	Maryland ITY OR TOWN OF DE	ATH 1	1. NAME OF HO	SPITAL, NURSING ACILITY, GIVE STREET AD	HOME, OR OTI		ORCED	AL OCCUPATION (1) DEFOR WORKING LIFE)	TYPE OF WORK	26 KIND OF BL OR INDUST Park	RY
BALTIMORE, MD. 21201	ATH. IF ANY DELA SS. 1, 2, AND 3 TO 1 M. 2, RETAIN PA NO. 2, SHOULD BEF WITH RECORDS.	13o. S	ATHERS NAME arles E. I	136 COUNTY	2	IS ZITY OR TO		13d INSIDE CITY LIMI YES NO 15. MOTHER'S M FIRST Minn:	AIDENNAME	Meyers		JO	689
ALTIMORE	IS ATTR DEAT  E. GIVE PAGES  WITH FORM PI  E. PAGES   AND  DIVISION OF V	160.	NAS DECEASED EVER ES, NO, OR UNKNOWN) Yes		D FORCES?	166. SOCIAL SE 213 10		17 INFORMANT	,	ADDRE			
COMP. SETONST.	ERRE JED WITHIN 24 HOLD NG" INTERCLI IN IEM IE CAL EXAMINER ALONG K BURNAL TRANSIT PERMIT A AND MENTAL HYGIENE, MATION, OR REMOVAL.	NO	Conditions, if gave rise to cause (o) stotin lying cause lost	ony, which immediate g the under-	(b)	R AS A CONSEQUI	ENCE OF	SE OR CONDITION GIVEN	IN PART 1 (0).	disea	K 0	APPROXIMATI BETWEEN ONSE	I AND DEATH
DIVISION OF VITAL RECO	IIS CERTIFICATE SHOULD WRITING THE WORD "F ARDED TO THE CHIEF GE 3 SHOULD BE USED IT DEPARTMENT OF HIS	MEDICAL CERTIFICATION	190 DATE OF OPER.  210 EXTERNAL CAU UNDERLYING CONTRIBUTION THE CONTRIBUTI	OB CAUSE OF DE	21b. TIME C HOUR A./ ATH P./ 21e PLACE	M. MONTH DAY	YEAR 19		URRED IENTERN.	ATURE OF INJURY IN ITEM	18 PART 1 OR PART	7	NO P
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BACTWORE, MARYLAND, 21		270   certify that death resulted from ACTUAL SKENATURE EXAMINER'S NAM- (TYPE OR PRINT)			Accident [],	d on Autor	osy , Insp.  Ins	Y	Inquiry V,	and in my opii	2/1/0	5
	BP DHMH - 17 (VR A15 ME (5))	24 F	URIAL CREMATION, I URIAL UNERAL DIRECTOR NAME LAUSCH FUNC LAUSCH FUNC	A	ug 14, 1		thern M		ens Di	unkirk, M REGISTRAR 256 RE	d Calv	GNATURE	TATE
	20M 4/82							4166					==



# FOR - STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Em	(in	-		
			4	
REG	NO.		1	

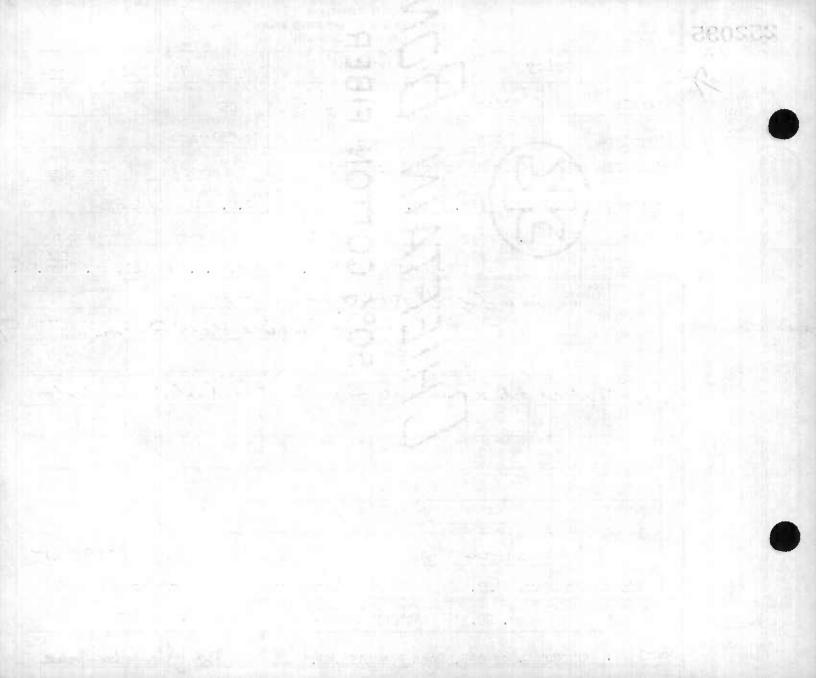
		CEASED NAME OR PRINT)	Dais		Mae		OPER		August 27,	1985	2b HOUR 5:25a м
	3. SEX	<		4. RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)		
	1	Female		Whit		MONTH 05	OAY YE		CE	MONTHS DAYS	
5		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIE	рП	BALTIMORE CITY OR CO	UNTY OF DEATH	
1		Maryland		US.	A	WIDOWE			Calvert		MD.
7		ty or town of DEA		11. NAME OF I	HOSPITAL, NURSIN TE MEMORI	G HOME C	Spital	N	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	(ING LIFE) INDUSTRY	of Business or emaker
	USUA	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					emaker.
2		aryland	13b. COUN	vert	Pr. Fred		YES NO		P.O. BOX 883		
1	14 FA	THER'S NAME	T. X.	MIDDLE	LAST		15 MOTHER'S MAID	EN NAM	E MIDDLE		
1	T	homas		H. Ram			Annie		Marv	Ġ:	ibson
7	16a W	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		20678
	(4	NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	220-16-	9124	Elsie M.	Simn	mons, P.O. Box	x 883. Pr	
	MION	Fn	which nediate g the last	DUE TO, OI  DUE TO, OI  DUE TO, OI  CC)  ONDITIONS CC	R AS A CONSEQUE  R AS A CONSEQUE  DITRIBUTING TO E	NCE OF NCE OF NCE OF	NOT RELATED TO THE		A ment ine Keart	Sease NGIVEN IN PART I	halane
7	CERTIFICATION	19a. DATE OF OPERAT	IION	196 CONDI	ITION FOR WHICH	OPERATIO:	N WAS PERFORMED		200 AUTOPSY? 20b. IN C	IF YES, WERE FINDS CERTIFYING CAUSES YES	INGS USED S OF DEATH? NO [
7		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	161	M. MONTH DA	Y YEAR	21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJURY IN 115	M 18 PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURR		21e. PLACE ( (AT HOME STR	OF INJURY BEET, FACTORY, OFFICE FA	ARM ETC )	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a I certify that (1) sow the decease abave, (1) (we) (a	d alive an		19		d that in (my) (aur) a		, to eath occurred on the date and		that (I) (we) last causes stated
		22d. PHYSICIAN'S NA	CU	atte	1 N	2	ATTEND PHYSIC	ING	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE 8/2	SIGNED
		Mukesh			0.			Fre	derick, Mar	yland :	20678
		urial, cremation, Burial	REMOVAL	Aug. 2		sbury	Methodist	TORY	Barstow, Ma	aryland	STATE
		nald V. Bo	rgwar	dt,Box	34B, Port	Repu	2007b	SE SE	REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNA	Pande De

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Hem 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND



STATE OF MARYLAND

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCKME

107	1.	STATE REGISTRAR			DEFARIT		ICATE OF D		S)CIVE	REG. NO	).	1	
25 6		CEASED NAME	Ada		Rebecca	P	ARKER			August	MONTH 20	1985	12:30 ME
-	3 SE	X	- 200	4 RACE	Libertea	5. DATE				NYEARS LAST BIRTI		IF UNDER I YEAR	
offe	1.,	Female		White		MON		1898	87			MONTHS DAYS	HOURS MIN.
35	7a. B	RTHPLACE (STATE OR COUNTRY)	FOREIGN		WHAT COUNTRY?	8	D NEVER		9 BALTIM	ore city of			
EX.	10 C	ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSINGH FACILITY, GIVE STREET	NG HOME	OR OTHER INST		120. USUA	L OCCUPATION OF FOR MOST OF	ON WORKING I	12b. KIND (	OF BUSINESS OR
2	130 5	AL RESIDENCE (IF NURS STATE LTYLAND	136 COUR	VTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Long Bea	E AUMISSION)	13d INSIDE C	ITY LIMITS?		ADDRESS /		5	
exprise	14 F/	Dennis		MIODLE .	Clarke			S MAIDEN NA FIRST IATY	ME	R.		Padge	ett
medical		VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES?	579-26-3		17 INFORMA		arke	Box 42	3016	20 ong Bead	0685 ch, Md.
emoval.		18 CAUSE OF DEAT PART I. DEATH W	H Enter or /AS CAUSE IMMEDIA	D BY	Extensi	ve Car	rdio Va	scular	Disea	se		APPRO. BETWEEN	XIMATE INTERVAL NONSET AND DEATH
ial, crematian, ar r ar other traumatic		Canditions, if any gove rise to imi cause (a), static underlying cause	nediate ng the last	(b)	DR AS A CONSEQUI	ENCE OF	Multipl						
injury,	NO	PART 2 OTHER SIGI	VIFICANT (	Conditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISEA	ASE OR COND	ITION GI	IVEN IN PART 1	10
No Switch	TIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AU	TOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSE: 'ES []	
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orked or	MEDICAL	21d INJURY OCCUR	HILE		OF INJURY TREET, FACTORY OFFICE, F	ARM ETC )	211. LOCATIO STREET	DN		CITY OR TOW	IN	COUNTY	STATE
21 is mo		22a I certify that (I) saw the decease obove, (I)	ed alive on	8-	17, 16	0.28	nd that in (my)	19	, to death occur	red an the dat		ur and from the	that (I) <del>(we) l</del> ast causes stated
LT: H hem		22b SIGNATURE	and	-6	•			ATTENDING PHYSICIAN	MEDICA DIRECTO	L STAFF	: AN 🗌	8/0	31/85
with the State IMPORTANT:		Issam F			iji, M.D.		22e ADDRES	ince F	rederi	lek, Md	. 20	678	1
> 5		BURIAL, CREMATION, SPECIFY) Burial		23b DATE 8-23			EMETERY OR C		CI	ATION TY OR TOWN	7	COUNTY.	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Pr. Geo.

24 FUNERAL DIRECTOR

ADDRESS

G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill, Md.

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#### STATE OF MARYLAND 252036 FOR DEPARTMENT OF HEALTH AND MENTAL HYBJENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE OF DEATH MONTH Th HOUR (TYPE OR PRINT) Edith Josephine PARKS August 22, 1985 9:18 a A RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY Female White September 9. 1925 TO BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED Calvert County Washington D. C U.S.A. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Prince Frederick Calvert Memorial Hospital Microfilm Tec. 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Calvert Maryland Pr. Frederick YES NO X Rt. #1. Box 150-D. 20678 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Hibetts 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT No 578-22-5112 Harry W. Parks, Same as #13 A-E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Intradodomine IMMEDIATE CAUSE (a). Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDIC AL EXAMINER P.M. 21d INJURY OCCURRED 211 LOCATION 21s. PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM, ETC ) NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 822 83 abave. (1) (we) (did) (did nat) view the bady after death and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Prince Frederick, MD 20678 Atul Shah, M.D.

DHMH - 16 60M 7/84 (VRA 15, 4)

Donald V. Borgwardt Rt. #264, Box 34B, Port Republic, Maryland 206

230 BURIAL, CREMATION, REMOVAL

Cremation

23b. DATE

8-26-1985

Metropolitian

23¢ NAME OF CEMETERY OR CREMATORY

Alexandria, Fairfax, Virginia

23d LOCATION

COUNTY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE whice Davidson-Randall



246015	1,	FOR - STATE	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL	HYGJENE 2 2	8 2 2
~40010		REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	H DAY YEAR 26 HOUR
y be	(TYP)	Her bent	- W	STEVENS	8	17 1985 12 50 HOUR
ge 4 mc	3 SE	×	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR  9 2 191	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
eoth Po	70	IRTHPLACE (STATE OR FOREIGN OUNTRY)	CALUEY		9 BALTIMORE CITY OR CO	
S ofter d	Pr.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
ND 212		AL RESIDENCE (IF NURSING HOME OF STATE 13b COUN	ROTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)		1
MARYLAND 2120 and within 24 hours orpleted filled in to mod 33 paul dise fall conditions	A F	SAMUEL	Hen Bert STE	ST PRIST PRI		2 Elizabeth
BALTIMORE	16a \	NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE		LSECURITY NO. 17 INFORMANT 2-4750 Records C	Mursing Hon	re
T., BALT		18 CAUSE OF DEATH Enter on PART I, DEATH WAS CAUSE IMMEDIAT			arrist	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
itendiality ve cortic		Conditions, if ony, which	DUE TO, OR AS A CON	USEQUENCE OF CONSTILL hat f	L:10-L.	
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A RECOR	CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
OF VITA		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITE	
VISION O Person on the bur	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	211. LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN ITENDIN TOP, AH Or use or or use or IT is most		22a.1 certify that   (this hosping	8(1)	00	nion death accurred an the date on	, 19 , that if we last
A DRECHOCKED BY		22b. St. marrier	t view the body ofter death	DEGREE ATTENDIN	MEDICAL STAFF	22c. DATE SIGNED
HOSPITA med by FUNERA Side be die h the Start		22d. PHYSICIAN'S NAME (TYPE OF		PHYSICIA 22e ADDRESS	N DIRECTOR PHYSICIAN	] [ ] ( ) ( )
0 € 0.4 € ¥	23a E	SURIAL, CREMATION, REMOVAL		1231 NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY
DHMH - 16 50M 1/76 (VR A 15 (4))	24,5	NORAL DIRECTOR from	wal Homen		DATE REC'D. BY REGISTRAN 25b. RI	

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TOPIC CALL THE PARTY OF

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CE	RTIFIC	CATE OF DEATH	REG. NO	).			
İ	1. DECEASED NAME FIRST	MIDI	DLE	LAS	T		MONTH DAY	Y YEAR	26. HOUR	_
I	Flizabeth V.	Welch				8/13/85			7:43	ам
I	3. SEX	4 RACE		ATE OF	BIRTH YEAR	AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 2	4 HRS MIN.
1	Female	White		11-	19-12	72	YRS.		, nooks	AN III W.
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH	AT COUNTRY?	APPIED	NEVER MARRIED	BALTIMORE CITY O		FDEATH		
1	West Virginia	USA		OWED		Calver	t			MD.
7	10 CITY OR TOWN OF DEATH		SPITAL, NURSING HO			120 USUAL OCCUPATH		12b. KIND C	F BUSINES	SOR
1	North Beach		ayton Ave		2	Meat Pac	ker	Meat	-	1
7	USUAL RESIDENCE (IF NURSING HOME OR 13a STATE 13b COUN		E RESIDENCE BEFORE ADMIS		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	- 2	2119	1/4	1
4		vert N	North Beac	h	YES NO	9335 Day	ton Av	enue	-	ME.
	William	MIDDLE TO	onker		5. MOTHER'S MAIDEN NAM	E MIDDLE		LAS	51	
Ť	160 WAS DECEASED EVER IN U.S. AR		b. SOCIAL SECURITY	NO.	17 INFORMANT	ADDRE	SS			
1	(YES NO ORUNKNOWN) (IF YES, GIVE	E WAR OR DATES)	578-05-22	263	Louis J We	lch Sa	me as	#13		
ľ	18 CAUSE OF DEATH (Enter on	ly ane cause per lin	e lar (a), (b), and (c).1					APPROX	MATE INTERV	AL
1	PART I. DEATH WAS CAUSE	D RY.			ng Cancer (Pre	esumed)				
1	111111111111111111111111111111111111111		S A CONSEQUENCE							
1	Conditions, if any, which	(b)	13 A CON 32 OOL 1 CE							
1	gove rise to immediate cause (a), stating the	DUE TO OR A	S A CONSEQUENCE	OF						34.
1	underlying couse last.	(c)						2.7	100	-
1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CON	TRIBUTING TO DEATH	BUT N	IOT RELATED TO THE TERMIN	NAL DISEASE OR CON	OITION GIVEN	IN PART 10	a i	
	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING									
7	5 198 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPER	NOITA	WASPERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN	WERE FINDING CAUSES	OF DEATH	1?
	ALL MANAGEMENT					YES NO X	YES [		NO 🗌	
1	OR COLUMNIA CALLES OF DE .	1 11b. TIME OF IT		EAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2}		
٦	(IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED			19			40.5			
1	21d INJURY OCCURRED	21e. PLACE OF	INJURY , FACTORY, OFFICE, FARM, ET		211. LOCATION STREET	CITY OR TO	VN	COUNTY	STA	TE
4	AT WORK AT WORK			6 / 0 /		0.16	1000	OF	FUEL.	
	22a.1 certify that (1) (this hospit saw the deceased alive an			6/26	that in (my) (aur) opinian de	to 8/6	, 19.		that (I) (we	
ı	saw the deceased alive an abave, (1) (we) (did ) (did not 22b. SIGNATURE	t) view the body att	er death.		GREE	com occorred an me ad	re and nour a	22c. DATE		ed .
i	( lm and )	Louten	MD	Di	ATTENDING _	MEDICAL STAF				
	22d PHYSICIAN'S NAME (TYPE O	R PR			PHYSICIAN 220 ADDRESS	DIRECTOR   PHYSIC	ANL	1 8/	3/85	
	Anne Spitzer,	M.D.			19 Chesapeake	Beach Rd.	East,	Owings	s, Md.	H
	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE			METERY OR CREMATORY	23d LOCATION	Tollar,		20736	TE
	Burial	15Aug8	35   Ceda	ar F	Hill Cemete:	y Suitla	nd	PG	Md	

DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If he

74 FUNERALDIRECTOR RAME ROBERT E Wilhelm Funeral Home

Suitland, Md

25 DATE REC'D. BY REGISTRAR 216. REGISTRAR'S SIGNATURE

20736 Md<sup>NATE</sup> PG

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 8 2

AND .	Con .	13	Gue	
REG.	NO.			

		CEASED NAME FIRST	-	AIDDLE	l.	AST		20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
	TAPE	Cather	ine		Wood			08/05	/85		01;55AM
	3. SE>		4. RACE		5. DATE C			6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	
1		Female	White		MONTH 0		1918	66	YRS		HOURS MIN.
1	7a. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER	MARRIED -	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH	
1	10	shington D.C.	U.S.A.		WIDOWE		NORCED X		t Cou		MD.
O,	10. CI	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER IN	STITUTION	12a. USUAL OCCUP	ST OF WORKING	126 KIND	Calvert .
1		ince Frederick		vert Memo		Hosp.		Sales		Marin	e Museum
6	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNCIL CALVE)	VTY	GIVE RESIDENCE BEFORE  130 CITY OR TOWN  Solomons	V	136 INSIDE	CITY LIMITS?	Box 414	ss / zip cc 20688	ODE	
li		ATHER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME			ST
V	Ruf	us D. McKnight		100		Carol.	ine Yatı	mann			(3)
1	16a W	VAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES GIV		16b SOCIAL SECU		17 INFORM	ANT	AE	80 FFS Sur	nmit Ave	•
	No	N/I	WAR OR DATES)	579-18-5	5872	Georg	e B. Wo	od, Jr. A	lexand		
		18 CAUSE OF DEATH (Enter or		line for (a), (b), and	d (c -					APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH
ö		PART I. DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)	Hepate	i E	nue	halos	pathy			
H		BEN ON	DUE TO, OI	R AS & CONSEQUE	NCE OF	/	/	isease			
		Conditions, if ony, which	(b)	Alcohor	in	Cim	NB	isease			
		couse (a), stating the	DUE TO, OI	AS A CONSEQUE	NCE OF					W. S. VII	
		underlying couse lost.	(c)								
	NO	PART 2 OTHER SIGNIFICANT	conditions <u>cc</u>	INTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE OR C	ONDITION (	GIVEN IN PART 1	(0
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CER	YES, WERE FIND	
-	ERI	210. ACCIDENT WAS UNDERLYING	7 21b. TIME O	E INTITIBY		1214 HOVA	NIII IBY OCCUP	YES NO		YES [	NO 🗆
7		OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	ZICHOWI	NJURT OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	P./		19	21f LOCAT	ION				
	ME	WHILE [7] NOT WHILE [7]		EET, FACTORY, OFFICE, FA	ARM, ETC )	STRE		CITY	PRIOWN	COUNTY	STATE
		22a.1 certify that (1) (this haspi	tal) attended the	decented from	7	- 5	10 85	. 8-	4	10.85	that (I) we) lost
		sow the deceased alive on	8-4	19_4	85 .01	nd that (m)	- 17	death accurred on th	e date and h	our and from the	10
		22b SIGNATURE	view the body	ofter death.		DEGREE					SIGNED
		Aman 11	MIL	1111111	1.1		ATTENDING	MEDICAL DIRECTOR PH	TAFF	8	5-85
		22d PHYSICIAN'S NAME TYPE O	OR PRINT)	-vicas o		22e. ADDRE		DIRECTOR   PH	13ICIAI4	1 0	) 0/
		Ronald E. Thom	nas. M.D			Lugh	. Marvl	land			
T.		BURIAL, CREMATION, REMOVAL			AME OF C		CREMATORY	23d LOCATION			
		emation	8-08-	1985 Met	ronol	itian		Alexand		COUNTY	STATE University
		JNERAL DIRECTOR Donal	ld V. Bo	rgwardt	- VIVI	- Marchil		Alexand	AR 25b. REG	ISTRAR'S SIGNA	Virginia TURE

Rt.# 264, Box 34B, Port Republic, Maryland 20676

DHMH - 16 60M 7/84

(VRA 15, 4)

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	of drawfer Co.	ha i		a 0 7			
		nuctal) fa	Provide day		20172	7 <sup>7</sup> = 171	
					8.		
					•	of orange	

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAS HYGIENE

2	2	3	2
Em	Co	O	Can

		REĢISTRAR	E.	CERTIFICATE OF DEATH REG. NO.									
ř		CEASED NAME ORPRINT)	FIRST		MIDDLE	· ·	AST		20 DATE OF DEA		400	AY YEAR	26 HOUR
	1	Elbe		ert Henry		W	WOOD		August 7, 198			9:00A,	
	3 SEX			4. RACE		5 DATE C		YEAR	6 AGE (IN YEARS	LAST BIRTH	_	IF UNDER I YEAR	IF UNDER 24 HRS
		Male		Neg	gro	6	18	16	69		YRS	DATS	HOURS MIN.
		RTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER M		9 BALTIMORE	ITY OR		OF DEATH	
2		Md.		USA		WIDOWE		ORCED	Calv	ert			MD
5	10 C	ITY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER INST	TUTION	12a USUAL OCC	UPATIO	V		OF BUSINESS OR
7		nce Frede		Calve	rt Memo	rial	Hospi	tal	Brickla	ayer	VORKING LIFE	Cons	st.
B	13a S	STATE	13b COU	VTY	13c CITY OR TOW	N	13d INSIDE CI		13e STREET ADD	RESS / 2	ZIP CODE	00/6	40
4	14 5 4	Md.	Cal	vert	Sunder	Land	YES 15. MOTHER'S	NO []	Box 27'	7,		2068	39
li,		FIRST		MIDDLE	LAST		F	IRST		DDLE		LAS	51
<u>u</u>					Wood Ruth					ADDRESS	Rice		
1	0	YES, NO OR UNKNOWN)		VE WAR OR DATES	16b SOCIAL SECURITY NO. 17 INFORMANT						ווכ וּ	1.1.	
		No 2			223-12-	223-12-8270 Frank Bowie S			Del A	Servern, Md. 21144			
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY:								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		IMMEDIATE CAUSE (0) CARDINPULMUNARY ARREST											
		DUE TO, OR AS A CONSEQUENCE OF											
	100	Conditions, if ony, which (b) ATITRUSCLERUTIC CARDINUMSCULAR DISENSE											
		couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.											
		(c)											
	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	<u>E</u>		CI	HRONIC	Arc	OHO	4189						
7	ICA	19a. DATE OF OPERATION 19b COND		ITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 20b. IF YES, WERE FIND IN CERTIFYING CAUSE			WERE FINDING	NGS USED			
	RTIF	TOTAL TIME OF OPERATION 196 CON 196 CO							YES NO		YES		NO 🗌
•		216. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA							RT 1 OR PART 2)				
	CAI	(IF EITHER NOTIFY ME		DEATH									
	MEDICAL	214 INJURY OCCU	IRRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET				CIT	OR TOWN		COUNTY	STATE	
	~		WHILE			and the f							
		220.1 certify that (Wiffins hospital) attended the deceased from AUGUST, 19 84, to AUGUST, 19 87, that (II (we) last											
		sow the deceased alive an AUC VST 19 AT, and that in (my) (our) opinion death accurred on the date and hour and Irom the causes stated above, (I) (we) (did) (did not view the bady after death.											
	13	72% SIGNATURE	/	1/1/	7/ //		DEGREE				12.0	22c. DATE	SIGNED
		1535.143	1	LHOI	Youll	no		TENDING HYSICIAN	MEDICAL DIRECTOR P	STAFF	NØ	D-	-7-85
		224 PHYSICIAN'S	NAME TYPE C	M. PRINCE	/	/	22e ADDRESS						
		John H.	Weig	gel. M.	D.		Prin	ce Fre	ederick	. M	arva	nd 20	678
		SURIAL, CREMATION				IAME OF C	EMETERY OR S	SPACE TERMINATION	23d LOCATION	1			
	,	Burial	7016	6/10/8		Hop			Sunder		d. Ca	TVETT	Md STATE

DHMH - 16 60M 7/84

should be detached for use as

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

huntingtown, 20639

AUG 8

250 DATE REC'D. BY REGISTRAR 290 REGISTRAR'S SIGNATURE

Niver of Salarian Company of the com estat, / .. = estat subject to the s